2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Aug 23, 2007 8:00 am
Secretary of State

08-03-2007 90021 023 ****61.25

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2nd MOORE CR2E037 (4/07)

DOCUMENT # N42635

1. Entity Name

SAFE ANIMAL SHELTER OF ORANGE PARK, INC.

Principal Place of Business	Mailing Address
2913 COUNTRY ROAD 220 MIDDLEBURG FL 32068 US	P. O. BOX 65597 ORANGE PARK FL 32065 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3054559 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RISNER, PAUL E. ESQ 1880 ARLINGTON ST SUITE 210 DOCTORS GARDENS SARASOTA FL 34239-3555	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25
Due By September 5, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☒ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	HATLESTAD, JUNE	NAME	Nancy Ryan
STREET ADDRESS	3626 SCIOTO CT	STREET ADDRESS	2 Forest St
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	CITY-ST-ZIP	Green Cove Springs, Fl 32043
TITLE	D ☒ Delete	TITLE	Secretary ☐ Change ☒ Addition
NAME	BARDROFF, LAURA	NAME	Lorna Gross
STREET ADDRESS	1802 ALDER DR.	STREET ADDRESS	592 Clermont Ave S
CITY-ST-ZIP	ORANGE PARK FL 32073	CITY-ST-ZIP	Orange Park, Fl 32073
TITLE	TD ☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	CUMMINS, REBECCA A	NAME	Marty Cheek
STREET ADDRESS	7021 PINE BREEZE LN	STREET ADDRESS	2256 Harbor Lake Dr
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	CITY-ST-ZIP	Orange Park Fl 32003
TITLE	VD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	WESLEY, JANET	NAME	
STREET ADDRESS	7254 ARROW POINT TRAIL S	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DYNE, NANCY	NAME	
STREET ADDRESS	1724 MARY BETH CT	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WRIGHT, DON	NAME	
STREET ADDRESS	3408 WILDERNESS CIR	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca A. Cummins Rebecca A. Cummins 7/26/07 904 276 7233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #